

Durham Research Online

Deposited in DRO:

17 May 2015

Version of attached file:

Accepted Version

Peer-review status of attached file:

Peer-reviewed

Citation for published item:

Cairns, Lucille (2015) 'Bodily dis-ease in contemporary French women's writing : two case studies.', French studies., 69 (4). pp. 494-508.

Further information on publisher's website:

<http://dx.doi.org/10.1093/fs/knv150>

Publisher's copyright statement:

This is a pre-copyedited, author-produced PDF of an article accepted for publication in French studies following peer review. The definitive publisher-authenticated version Cairns, Lucille (2015) 'Bodily dis-ease in contemporary French women's writing : two case studies.', French studies., 69 (4): 494-508 is available online at:
<http://fs.oxfordjournals.org/cgi/content/abstract/knv150?>

Additional information:

Use policy

The full-text may be used and/or reproduced, and given to third parties in any format or medium, without prior permission or charge, for personal research or study, educational, or not-for-profit purposes provided that:

- a full bibliographic reference is made to the original source
- a [link](#) is made to the metadata record in DRO
- the full-text is not changed in any way

The full-text must not be sold in any format or medium without the formal permission of the copyright holders.

Please consult the [full DRO policy](#) for further details.

BODILY DIS-EASE IN CONTEMPORARY FRENCH WOMEN'S WRITING: TWO CASE STUDIES

Abstract

This article examines two twenty-first-century autobiographical accounts of the intense, and ultimately life-threatening, mental and bodily dis-ease endured by two young French women, from adolescence into early adulthood. Annick Loupiau's *La Tortue sur le dos* (2001) and Emilie Durand's *Ma folie ordinaire: allers et retours à l'hôpital Sainte-Anne* (2006) are phenomenologically rich and visceral testimonies to their author's experiences of anorexia nervosa, bulimia nervosa, other forms of self-harm (inter alia, self-cutting, self-burning), and even suicide attempts. I argue that, in common with the texts of many other French female writers who have approached these subjects in the last two decades, their value is not so much literary as more broadly cultural, allowing important socio-politico-, gendered, and medical insights about markedly gendered illnesses that have seen an inexorable rise in the late twentieth and early twenty-first century, but are still often misunderstood even by educated readers, and even by the health-care professionals who attempt to treat their sufferers. The article sets these texts in a material, extra-diegetic context, ascertains the aetiologies of the pathologies they inscribe, draws out some of the key insights they afford about those pathologies, and identifies some of the formal means by which these insights are conveyed.

This article aims to analyse not the literary qualities, but rather the socio-political, gendered, and medical insights that can be derived from two twenty-first-century autobiographical texts that narrate the intense, and ultimately life-threatening, bodily

dis-ease endured by two French women from adolescence into early adulthood. These two texts are eminently worthy of attention from French studies scholars whose research intersects with cultural studies, gender studies, and the medical humanities. Annick Loupias's *La Tortue sur le dos* (2001)¹ and Emilie Durand's *Ma folie ordinaire: allers et retours à l'hôpital Sainte-Anne* (2006)² relay their author's experiences of anorexia, bulimia, other forms of self-harm, and even suicide attempts. In a highly stimulating chapter published in 2013, 'The becoming of anorexia and text in Amélie Nothomb's *Robert des noms propres* and Delphine de Vigan's *Jours sans faim*', Amaleena Damlé observes that 'The anorexic [...] has in particular haunted the texts of women writing in French in recent years. [...] the range of authors who have touched upon the subject extends to Nina Bouraoui, Othilie Bailly, Geneviève Brisac, Claudine Galea, Marie Darrieussecq, Ananda Devi, Sabrina Kherbiche and Nathalie Maciel, to name just a few'.³ Going back further in time to encompass a period extending from the late 1970s to the twenty-first century, that list might also feature the following writers, although unlike many of those mentioned by Damlé, none (bar Nancy Huston) belongs to a literary canon, nor even to a female counter-canon in

¹ Annick Loupias, *La Tortue sur le dos* (Quebec: Les Éditions de l'homme, 2001). At the time of publication, Loupias had been living in Quebec for some years, but had spent her childhood, adolescence, and earlier adulthood in France.

² Emilie Durand, *Ma folie ordinaire: allers et retours à l'hôpital Sainte-Anne* (Paris: Les Empêcheurs de tourner en rond, 2006).

³ Amaleena Damlé, 'The becoming of anorexia and text in Amélie Nothomb's *Robert des noms propres* and Delphine de Vigan's *Jours sans faim*', in *Women's Writing in Twenty-First-Century France: Life as Literature*, ed. by Amaleena Damlé and Gill Rye (Cardiff: University of Wales Press, 2013), pp. 113-126 (pp. 113-14).

France: Liliane Atlan, Marta Aleksandra Balinska, Emmanuelle Bayamack-Tam, Karin Bernfeld, Marie Bertin, Alice Blot, Isabelle Caro, Delphine Danieau, Nancy Huston, Justine,⁴ Ysabelle Lacamp, Vittoria Pazalle, Brigitte Peskine, Véronique Poivre d'Arvor, Audrey Raveglia, Sonia Sarfati, Corinne Sollicec, Janine Teisson, Valérie Valère, Nadine Vasseur, Marie-Sophie Vermot, and Maroussia Vossen. However, with the exception of Atlan's and Valère's, none of these French texts appeared before the 1990s, and roughly half of them have appeared in the 2000s. This contrasts with anglophone female-authored texts about anorexia, which started proliferating from the early 1980s. The relatively slow appearance of anorexia on the scene of French women's writing perhaps reflects what appears to be the lower incidence of anorexia among young females (the demographic most affected) in France compared to global incidences: as is detailed more thoroughly below, around two per cent for France compared to around ten per cent for world-wide figures.

There is a growing body of scholarship investigating the thematization of anorexia in female-authored French texts, with Damlé and Rodgers providing particularly excellent analyses.⁵ The present article is, however, distinct from such

⁴ No surname is supplied anywhere in the text attributed to Justine, *Ce matin j'ai décidé d'arrêter de manger* (Paris: Oh! Editions, 2007).

⁵ Lucille Cairns, 'Dissidences Charnelles: the Female Body in Revolt', in *The Flesh in the Text*, ed. by James Baldwin, James Fowler and Shane Weller (Oxford, Bern, Berlin, Bruxelles, Frankfurt am Main, New York, Wien: Peter Lang, 2007), pp. 205-225; Amaleena Damlé, 'The becoming of anorexia and text in Amélie Nothomb's *Robert des noms propres* and Delphine de Vigan's *Jours sans faim*'; Njeri Githire, 'The Semiotics of (Not)-Eating: Fasting, Anorexia, & Hunger Strike in Ananda Devi's

scholarship in three fundamental respects. First, neither of my two primary texts is treated by these studies (with the only academic study of them having appeared in an unpublished but insightful doctoral thesis defended by Karin Bernfeld in 2013).⁶ Second, these existing studies tend to focus on the literary features and critical-theory potentialities of texts by established writers (the most obvious example being that of Amélie Nothomb), whereas neither Durand nor Loupias are well-known in France (typifying most of the authors in my own list), and I approach them from a socio-

Le Voile de Draupadi', *Nottingham French Studies*, 48 (1) (Spring 2009), 82-93; Barbara Havercroft, 'Paper thin: agency and anorexia in Geneviève Brisac's *Petite*', in *Unfitting Stories : Narrative Approaches to Disease, Disability, and Trauma*, ed. by Valerie Raoul et al. (Waterloo, ON: Wilfred Laurier University Press, 2007), pp. 61-69; Isabelle Meuret, 'L'anorexie créatrice; Entre secret et sacré: l'écriture 'faminine' de Geneviève Brisac et Liliane Atlan', *Revue des Lettres et de Traduction*, vol. 9 (2003); Isabelle Meuret, *L'Anorexie créatrice* (Paris: Klincksieck, 2006); Isabelle Meuret, 'L'Anorexie: Entre aliénation 'mentale' et revendication d'altérité: Le Cas des écrivaines algériennes', *International Journal of Francophone Studies*, 12 (1) (2009), 19-35 ; Catherine Rodgers, 'Nothomb's anorexic beauties', in *Amélie Nothomb: Authorship, Identity, and Narrative Practice*, ed. by Susan Bainbrigge and Jeanette den Toonder (New York: Peter Lang, 2003), pp. 50-63; Joëlle Vitiello, 'Le double meurtrier chez Sabrina Kherbich', in *Rebelles et criminelles chez les écrivaines d'expression française*, ed. by Frédérique Chevillot, and Colette Trout (Amsterdam: Rodopi, 2013), pp. 129-145.

⁶ Karin Bernfeld, 'Écriture du corps et discours clinique dans les autobiographies d'anorexie-boulimie' (Université Paris Diderot-Paris 7, 2013).

politico, gendered, and medical perspective. Third, but perhaps most importantly, my article is separate from these existing critical studies in that it considers French women's mediations not just of anorexia nervosa but also of bulimia nervosa and of the alarming practices which not infrequently accompany the two: self-mutilation (inter alia, self-cutting, self-burning) and suicide attempts.

Why these two texts in particular? Their omission from the existing critical studies might suggest that they were deemed literarily uninteresting. In Durand's case this would elide the fact that, having only been published in 2006, her text had not yet entered the public domain when at least some of the academic studies mentioned in my footnote were published or in press. Nonetheless, if some of the other critical studies in Durand's case or all of them in Loupias's case eschew these texts on grounds of a literary deficit, I argue that they repay attention from scholars both within French studies and within the medical humanities (indeed, the humanities more broadly). The key arguments of this article are the following. These two texts are significant not as aesthetic artefacts, but as phenomenologically rich accounts of troubled female embodiment and of pathological nexuses formed largely in female subjects – and in this respect they are paradigmatic of most of the texts by the twenty-two French women writers I have listed above; they have important documentary and pedagogical properties, with the potential to educate a general, non-medical-specialist readership (although medical specialists might well learn much too about the qualia of the experiences they attempt to treat) about some of the causes of, subjective experience of, and promising treatments for, these pathologies; and that the key formal devices by which these two texts manage to engage the reader so effectively are metaphor, metonymy, narrative, personification, and simile – devices which are normatively associated with literature but are actually present, though less frequently

and in less sophisticated form, in many other kinds of discourse, including the conversational, the journalistic, and the political.

The rest of this article aims to provide a very brief synopsis of the two texts in question; to situate within an extra-diegetic context the pathologies they mediate; to ascertain the underlying aetiologies of these pathologies in the particular cases of the young women who are their authors; to convey some of the key insights about eating disorders and self-harm, including possible pathways to recovery, that they afford and that are not widely known even to an educated reading public; to illustrate some of the formal means identified above by which these insights are conveyed; and to tease out the broader political dimensions of these texts, which each have crucially gendered implications.

Loupias's *La Tortue sur le dos* is a triptych. The first section, by far the longest at one hundred and eleven pages, is authored by Loupias, the second seventeen pages by her dietician, and the last forty-eight by a psychologist. Loupias's section, which forms the bulk of the triptych, charts her harrowing struggle as a teenager and young woman (from the ages of fifteen to thirty-seven) with catastrophically disordered eating, alternating between mild anorexia and extreme bulimia, the distress of which prompts two (other) forms of self-harm – self-beating and alcohol abuse – and even two suicide attempts. It also contains analeptic sequences focussing on her troubled childhood, references to several heterosexual relationships in adult life, and narrative of her path towards a complete recovery. Durand's *Ma folie ordinaire: allers et retours à l'hôpital Sainte-Anne* likewise maps out the experience of two alimentary extremes, anorexia and over-eating, but in Durand's case the anorexia is more acute and the over-eating less acute, while both are also accompanied by more serious and more persistent self-mutilation (self-cutting and self-burning) and by far more

numerous suicide attempts. Again, as with Louprias, Durand's text loops back into the diegetic past of her equally if not more troubled childhood, it too mentions a (failed) heterosexual relationship, and eventually traces a path to recovery, albeit far less complete than Louprias's. The title of *Ma folie ordinaire: allers et retours à l'hôpital Sainte-Anne* signals its French specificity in reference to the (in)famous psychiatric hospital in Paris in which Durand was interned many times, where she received drug treatment but no psychotherapy. A paucity of psychotherapeutic interventions in French hospital treatment of eating disorders and associated mental distress also emerges in Louprias's *La Tortue sur le dos* and in many of the other texts by the authors I have listed above. As such, it appears to constitute a further French specificity, compared to the UK, where inpatient treatment of eating disorders at least regularly includes psychotherapy. Paucity is not complete absence, of course, but the exceptions are few. One is the treatment received by Laure in *Jours sans faim* (2001) by Lou Delvig,⁷ a pseudonym for Delphine de Vigan, on whose real-life experience of anorexia the novel is closely based. However, while Laure did receive a form of "talking therapy" of sorts as an in-patient in a Parisian hospital, this appears to have been not part of a formal treatment plan, but rather the fortuitous result of a benevolent doctor's willingness to listen to her.

Before considering these autobiographical texts in greater detail, it is instructive to situate them in a material social context. This is because while the painful practices to which they bear witness are certainly not "normal", neither are they statistically negligible; such practices have certainly seen an exponential increase in the last three decades, and the two texts thus draw attention to urgent health-care issues in the "real" (extra-diegetic) world. Both testimonies (and both authors,

⁷ Lou Delvig, *Jours sans faim* (Paris: Grasset, 2001).

Loupias on p. 12, Durand on p. 11, explicitly describe their texts as ‘témoignages’) record the experiences of young females, which is congruent with empirical evidence of high incidences of eating disorders and self-harm among young females particularly. In France, the INSERM (Institut national de la santé de de la recherche médicale) reports that ‘Une étude épidémiologique menée en France en 2008 auprès d’adolescents dans leur 18e année indique que l’anorexie mentale a concerné 0,5 % de ces jeunes filles et 0,03 % des garçons entre 12 et 17 ans’.⁸ A different source gives a slightly higher figure for the incidence of anorexia in France (two per cent), but presents the same picture of it affecting young females far more than young males: ‘2% des adolescentes présentent des formes d’anorexie. L’anorexie concerne 9 filles pour un garçon. Elle se manifeste à l’adolescence, entre 15 et 18 ans notamment’; and that ‘8 à 10% des adolescentes souffrent de boulimie. [...] C’est une maladie à 90% féminine. La boulimie se manifeste vers l’âge de 19 ans’.⁹ Far from afflicting only France, anorexia and bulimia are, evidently, internationally present pathologies. This is borne out by the figures provided by Christine Vindrea, who, although admittedly seeming to refer to mild forms of anorexia, underscores their substantial global presence:

Actuellement, 10 p. 100 des jeunes filles dans nos sociétés présentent autour de 18 ans des formes légères d’anorexie [...] La prévalence de la boulimie se situe

⁸ <<http://www.inserm.fr/thematiques/neurosciences-sciences-cognitives-neurologie-psychiatrie/dossiers-d-information/anorexie-mentale>> [accessed 1 August 2014]

⁹ <http://www.partage-et-ecoute.com/inc/dossier_aurore> [accessed 6 July 2014]

aux alentours de 1 à 3 p. 100 de la population adolescente et des adultes jeunes.¹⁰

Equally compelling is the empirical evidence that those with eating disorders may well be more predisposed than the general population to other forms of self-harm, such as self-cutting or self-burning. As early as 1993, in her monograph *Anorexic Bodies: a Feminist and Sociological Perspective on Anorexia Nervosa*, Morag MacSween found that of the thirty-five women surveyed with anorexia and/ or bulimia, no fewer than twelve (that is, over thirty-four per cent) ‘had tried to hurt or damage the bodies which tormented them’.¹¹ With physical self-mutilation, the preponderance of females over males is not as well established as with eating disorders, and a study published in 2010 by Kerr, Muehlenkamp, and Turner suggested similar rates of self-harm between men and women.¹² But only six years earlier, in 2004, a study by Fox and Hawton had estimated that up to four times as many females as males have direct experience of self-harm.¹³ And there seems to be ample evidence that self-harm affects *young* females disproportionately. Schmidtke et

¹⁰ Christine Vindrea, ‘Troubles du comportement alimentaire’, in *Traité d’addictologie*, ed. by Michel Reynaud (Paris: Flammarion Médecine-Sciences, 2006), pp. 655-65 (pp. 655 and 661).

¹¹ Morag MacSween, *Anorexic Bodies : a Feminist and Sociological Perspective on Anorexia Nervosa* (London/ New York : Routledge, 1993), p. 243.

¹² P.L. Kerr, J.J. Muehlenkamp, and J.M. Turner, ‘Nonsuicidal Self-Injury: a Review of Current Research for Family Medicine and Primary Care Physicians’, *The Journal of the American Board of Family Medicine*, 23.2 (March-April 2010), 240-59.

¹³ Claudine Fox and Keith Hawton , *Deliberate Self-Harm in Adolescence* (London/ Philadelphia: Jessica Kingsley Publishers, 2004).

al. noted in 1996 that worldwide, non-fatal deliberate self-harm is especially common in young women.¹⁴ Basing their statement on a 2003 study of the United Kingdom and also an earlier study published in 1986, Hawton et al. recorded that '[d]eliberate self-harm (DSH) is particularly common in adolescents, *especially females*'.¹⁵ Moreover, in 2011, and therefore more recently than Kerr, Muehlenkamp, and Turner's 2010 publication, Chris Simpson noted that although '[s]elf-mutilating behavior has been studied in a variety of racial, chronological, ethnic, gender, and socioeconomic populations', the phenomenon nonetheless 'appears most commonly associated with middle to upper class adolescent girls or young women'.¹⁶

It is also relevant to note one recently emerging theme of medical research: the hypothesis of a common neurobiological mechanism at work in eating disorders, self-harm, and addictions (to, for instance, drugs and/or alcohol). In 2006, J. L. Vénisse,

¹⁴ A. Schmidtke, U. Bille-Brahe, D. DeLeo et al, 'Attempted Suicide in Europe: Rates, Trends, and Sociodemographic Characteristics of Suicide Attempters during the Period 1989-1992. Results of the WHO/EURO Multicentre Study on Parasuicide', *Acta Psychiatr Scand*, 93.5 (1996), 327-338.

¹⁵ Keith Hawton, Stephanie Hall, Sue Simkin et al., 'Deliberate self-harm in adolescents: a study of characteristics and trends in Oxford, 1990-2000', *Journal of Child Psychology and Psychiatry*, 44.8 (November 2003), 1191-1198 (p. 1191; my emphasis). The reference within the quotation is to Keith Hawton, *Suicide and Attempted Suicide Among Children and Adolescents* (Beverly Hills: Sage, 1986).

¹⁶ Chris Simpson,
<<http://www.athealth.com/Consumer/disorders/selfmutilation.html>> (my emphasis)
[accessed 6 July 2014].

president of the Collège d'addictologie de la Fédération française de psychiatrie, made the following observation:

Se sont ainsi trouvés rapprochés des comportements souvent associés, simultanément successivement, chez les patients concernés notamment les plus jeunes, tels que conduites d'alcoolisation, toxicomaniaques et tabagiques (le plus souvent en polyconsommation), conduites boulimiques-anorexiques, automutilations, conduites de jeu pathologiques, pour ne citer que les plus fréquentes.¹⁷

Vénisse further asserted that:

Ces rapprochements ont trouvé une validité théorique et scientifique à différents niveaux : [...] au niveau physiopathologique, à travers le constat de la mise en action dans toutes ces conduites addictives de la même voie finale commune neurobiologique, impliquant les circuits neuronaux dopaminergiques mésolimbiques dits « de récompense », étroitement articulé aux systèmes opioïdes endogènes et corticosurréaliens.¹⁸

In laypersons's terms this means that, counterintuitively, self-destructive behaviour can provoke neurobiological phenomena associated if not with pleasure then at least with relief from distress or extreme anxiety.

That medical finding of relief is amply borne out by the two examples of life-writing examined in this article. I will return to this point, but it is instructive first to trace the aetiology of their respective authors' illnesses. Loupias implies that her serious, indeed potentially fatal condition derived from an unhealthily fusional

¹⁷ J. L. Vénisse, '*Editorial : Le scandale des addictions sans drogue*', *Synapse*, 226 (June 2006), 2-3 (p. 2).

¹⁸ *Ibid.*, p. 2.

relationship with her mother. This relationship fostered a fear of abandonment experienced as an inner void that she unconsciously sought to fill with food (pp. 13, 20, 28). Here it is worth citing the clinical findings of Jérôme Carraz, a practicing psychiatrist and psychotherapist, and a specialist in eating disorders: ‘Dans l’histoire des patientes anorexiques et boulimiques nous retrouvons, très souvent, une relation à la mère vécue comme non sécurisante. Soit la mère n’est pas démonstrative d’affection, soit elle n’est pas stable, régulière, dans sa façon d’entourer affectivement son enfant’.¹⁹ While the facile tendency to blame mothers for all their children’s problems is reprehensible, it is difficult not to infer from Loupias’s narrative and rhetorical emphases that her mother had been unable to satisfy her need (admittedly, an unusually intense need) for a stable, in fact constant, maternal presence. In Durand’s case, the first cause of an even more life-threatening condition is entirely different –sexual abuse from the age of nine by her older brother (p. 13). Yet despite the ostensibly divergent aetiologies found in Loupias and Durand’s texts, there is one striking convergence: a lack of space granted to the female child. In Loupias’s proxemics, the lack of space was figurative, given her claustrophobically close relationship with her mother. In Durand’s, it was literal: she had no room of her own, having to sleep in her doctor father’s consulting room within the family home, and was thus permanently exposed to the gaze of others.

J’ai souvent fait le lien entre errer ainsi dans l’appartement sans savoir vraiment où me poser avec mes troubles de la personnalité. Je n’avais pas d’endroit où me réfugier, où me construire. Je n’avais pas de base solide, pas de murs protecteurs à l’abri du regard des autres. Même mon corps était à la portée de

¹⁹ Jérôme Carraz, *Anorexie et boulimie: approche dialectique* (Issy-les-Moulineaux: Elsevier Masson, 2009), p. 7.

tous. Il ne me restait que ce que j'avais dans la tête. Ça, personne ne pouvait y toucher, personne ne pouvait me violer. (p. 152)

Just as literally filling herself with food offered Loupias relief from her figurative void, so with Durand first her anorexia, then her self-harm, and most obviously her numerous overdoses offered a form of temporary mental escape from the basic primal wounds of sexual and scopic violation. With respect to the sexual violation specifically, and given the bulimia into which Durand veered (see p. 102) after acute anorexia, it is also worth citing the scientific findings of another psychiatrist, G. Waller, who in 1992 noted that forty per cent of women who had been subject to sexual abuse in their childhood were more prone to bingeing and vomiting than others, particularly if the sexual abuse had been within the family, violent, and occurring before they were fourteen.²⁰

What do these two texts teach us about the phenomenological, subjective experience of eating disorders and self-harm that may not be widely known by even an educated and/ or interested readership? Popular perceptions of eating disorders and self-harm often view them as attention-seeking, even self-indulgent, thereby occluding the complex psychological mechanisms involved. Loupias stresses self-abjection and self-disgust; from only the second page, we are witness to a crisis of bingeing that sets the pattern for numerous other such crises – and it is well established that trauma often manifests itself in compulsive repetition:²¹

²⁰ G. Waller, 'Sexual Abuse and the Severity of Bulimic Symptoms', *British Journal of Psychiatry*, 161 (1992), 90-93.

²¹ Cathy Caruth, for instance, observes '[...] the way that the experience of a trauma repeats itself, exactly and unremittingly, through the unknowing acts of the survivor

Pendant cinq jours, je ne ferai que manger, assise dans mon lit, les volets fermés. Cinq jours morbides à avaler mon dépit, mon amertume, mon dégoût de moi. Je me méprise à cause de ce que je vais faire. Mais je ne sais pas me comporter autrement. Depuis des années, je répète les mêmes gestes. (p. 14)

One particular detail highlights a sense of the degradation spawned by her illness:

Pendant cinq jours, ma seule préoccupation sera de me gaver. [...] Le soir, prise de remords, je jette le reste du gâteau à la poubelle, le recouvre de cigarettes pour être certaine de le détruire. Cette précaution ne m'arrêtera pas. Le lendemain matin, mon premier geste sera d'ouvrir la poubelle, de souffler sur les cendres et d'avalier goulûment ce morceau grisâtre. (p. 14)

The page immediately following this introduces the tropes of self-disgust and self-abjection that will dominate all Loupias's subsequent narrative framings of her binges, and which constitute an anguished affect leading to another form of self-harm:

Je n'ai plus aucune dignité, c'est le comble de l'horreur de soi. Mon corps continue de se remplir. Comment peut-il résister à tant de coups ? Il est élastique. Il s'étire, s'étire, s'étire... La peau enveloppe de plus en plus de chair, et celle-ci prend sa place à une vitesse vertigineuse. J'ai de la difficulté à sortir du lit. Il me faut aller aux toilettes. Le bref passage devant le miroir m'anéantit. J'aperçois mon ventre gonflé par la nourriture. Je perds le contrôle et me frappe le visage violemment. Je me déteste. Je me frappe jusqu'à ne plus supporter la douleur. Pendant mes orgies alimentaires, je répétais souvent ces gestes d'automutilation. Ma haine de moi est lourde et solidement ancrée. (p. 15)

and against his very will'. Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore/ London: The John Hopkins University Press, 1996), p. 2.

It is worth noting that the self-purgation performed by Loupias in a desperate attempt to avoid weight-gain often takes the form not of vomiting but of laxative abuse, a less well-known practice of many sufferers from eating disorders, and that the first mention of this reinforces the tenor of self-degradation instantiated by the cigarette-ash detail:

Je n'aime pas me faire vomir. J'ai pourtant essayé souvent, mais je n'y arrive pas. À la place, je prends des laxatifs. J'en avale par poignées, comme des bonbons. Puis je me mets à boire de l'huile de paraffine à la cuillère. Une huile épaisse et translucide. Résultat: je marche dans la rue et je dois rentrer d'urgence, la culotte tachée d'huile. (pp. 16-17)

Open avowal of shame – 'j'ai honte de moi' (p. 24) – follows notation of a particularly stomach-churning detail: unable to get into a toilet, she vomits out of a window and sees half-digested pieces of banana falling down into the street beneath her. If the effects of her bulimia revolt her, so too may the reader be revolted by the striking metaphorical conjuncture of wound, pus and crust that she deploys to convey the cause of that bulimia – deep-rooted despair:

Mon désespoir vient de loin. Je suis impuissante parce que je n'en connais pas la cause. Alors je camoufle les effets, je recouvre momentanément mes plaies, que ce soit par de l'amour, par de la bouffe ou par la fuite. Mais immanquablement le pus refait surface, il pousse derrière la croûte. (p. 68)

Linked to the tropes of self-disgust and self-abjection is a casting, largely through simile, of the self as sub-human, indeed bestial. Examples abound, the first being 'Je mange comme un animal, à pleines mains' (p. 24). Variants include a grotesque rendering of herself as a worm – 'Je me sens comme un ver de terre, un gros ver vivant dans la noirceur et la boue, visqueuse et repoussante' (p. 57) – and as

a goose – ‘il me suffit d’ouvrir la bouche, de me gaver comme on gave les oies’ (p. 58). When her bulimic crises spiral into violent aggression, she figures herself via metaphor as a generic wounded animal on the attack: ‘Je suis une bête enragée qui a mal et qui attaque’ (p. 67).

By contrast with the self-abjection stressed by Loupias, Durand’s text stresses suffering above all, along with a need to challenge the psychiatric institution (as distinct from psychotherapeutic practice). Evidently, Loupias’s text also evokes suffering for most of its duration, two explicit instances being the following: ‘Je me rends compte que pour une boulimique, vivre est impossible’ (p. 45); ‘vivre ces périodes de prise de poids s’avère une véritable torture mentale’ (p. 53). However, Loupias’s *discursive* stress is less on suffering per se than on self-disgust and abjection. And that suffering did not preclude some pleasure, however ephemeral, in the highs induced by her binges, whose lexical presentation as ‘orgies’ - for example, ‘mes orgies alimentaires’ (p. 15) and ‘Mes orgies de bouffe’ (p. 78) – connotes sexual pleasure. Perhaps it is precisely because of this pleasure in excess, which is normatively denied to women, that Loupias felt all the more ashamed of, and thus confessionally constrained to highlight, no doubt genuine feelings of self-disgust, self-abjection and self-abasement.

Loupias briefly expresses the hope that her personal testimony will help other women suffering from bulimia (p. 12). However, the ethical aspirations of Durand’s own testimony are emphasized at much greater length (on pp. 9, 10, 11, and 164). If for Durand the initial trigger to writing her ‘témoignage’ was inward-facing, even somewhat narcissistic (vengeance on a lover who had rejected her), she foregrounds an outward-facing value to her longer-term aim:

Mon témoignage a pour but de montrer que ceux qui passent par la psychiatrie ne sont pas à regarder bizarrement, à montrer du doigt et à exclure. Nous ne sommes pas des objets de foire. Nous sommes des êtres humains qui ont plus de difficulté que d'autres. (p. 164)

In turn, this invites the reader to make an ethical response by re-evaluating her or his own (mis)perception of psychiatric patients. Durand in fact gestures towards an undermining of the category of madness in a mode reminiscent of Foucault's.²² Of course, the origins of the anti-psychiatry movement²³ were not restricted to Foucault in France;²⁴ they also lay with R.D.Laing²⁵ in the UK, Thomas Szasz in the US and Franco Basaglia in Italy. However, Foucault's *Folie et déraison. Histoire de la folie à l'âge classique*, published in 1961, preceded the main published contributions of all

²² Michel Foucault, *Folie et déraison. Histoire de la folie à l'âge classique* (Paris: Plon, 1961)

²³ Anti-psychiatry was a heteroclite movement that appeared in the 1960s, contesting the claims of psychiatry to an objectivity that was scientific and universal. The term was coined by the psychiatrist David Cooper in 1967. See David Cooper, *Psychiatry and Anti-Psychiatry* (London: Paladin, 1967).

²⁴ Nor, of course, were they restricted to Foucault in France, although France does not seem to have been in the vanguard of resistance to traditional psychiatry. One *relative* exception was the development of 'psychothérapie institutionnelle' within the psychiatric hospital known as La Borde, founded in 1953 by Jean Oury, where Félix Guattari worked all his life. The practice of 'psychothérapie institutionnelle' certainly seems to represent a less rigidly top-down, more humane, and more democratic approach to the treatment of mental illness.

²⁵ R.D. Laing, *The Divided Self* (London: Penguin Books, 1976).

these figures, forming what may retrospectively be regarded as a foundational text for the movement. In fact, very early on Durand reduces the construct of madness to suffering. For her, what is discursively constructed as madness is, in fact, pain: ‘Pour moi, la folie n’existe pas. Ce n’est pas parce que je refuse de manger pendant des jours ou que je me scarifie les bras que je suis folle; c’est simplement parce que je souffre’ (p. 44); ‘Sainte-Anne... Sainte-Anne, l’hôpital des fous... Je tiens à préciser tout de même que je n’en ai rencontré aucun. Je n’ai vu que des gens pétris de souffrance’ (p. 69). The Foucauldian overtones are particularly resonant in Durand’s image of the psychiatric hospital as panopticon : ‘Chaque porte de chambre était dotée d’une sorte de hublot, strié de bandes blanches. Les infirmiers pouvaient ainsi voir sans être vu’ (p. 34).

In addition to heightening awareness of the existential pain involved in mental illness, Durand’s text, ostensibly very personal, has a wider, sociotropic goal: to ‘humaniser l’hôpital psychiatrique’ – and by this she means *French* psychiatric hospitals. This she intends to achieve by bearing clear and accurate witness to her own experience, and, on a wider level, by giving a voice to those who are effectively silenced, namely those labelled mentally ill:

J’ai décidé de donner voix à ceux que l’on ignore volontairement, par peur ou par méconnaissance. J’ai voulu que tous ces gens rencontrés s’expriment à travers mon témoignage. J’ai voulu être leur porte-parole avec une simple feuille et un stylo. C’est dans ce sens que je souhaite que mon livre soit compris. (pp. 10-11)

One of the most arresting features of *Ma folie ordinaire: allers et retours à l’hôpital Sainte-Anne* is its graphic account of severe anorexia. It contains a hard-hitting tableau of the many corporeal ravages other than the obvious one of

emaciation that stem from starvation: discoloured skin, hair-loss, enervation, and, particularly dangerously, extreme vulnerability to coldness – with no essential body fat to protect her, she becomes hypothermic (p. 16). Similarly acute is the mental torture of that illness, to the point where she even uses the word ‘folie’, despite having previously denied its existence (p. 44) – or at least the existence of its normative referent:

La nuit, je ne dormais pas. La faim me rongait. Je me souviens d’une nuit précise. J’avais dû jeûner pendant une semaine. Cette nuit-là, je n’ai fait que rêver de nourriture. J’ai eu huit heures pour imaginer et fantasmer sur l’ensemble des plats qui pouvaient exister dans le monde. Cette nuit-là exactement, j’ai réalisé jusqu’où j’étais allée dans la maladie, jusqu’où j’avais été emportée par ma folie. (p. 19)

Such use of the word ‘folie’ appears to be a temporary lapse into the stigmatizing discourse of psychiatry, since later on Durand contends that, rather than madness, what she endured in the grips of anorexia was a mental agony with no adequate linguistic referent: ‘une souffrance sans nom, sans paroles, que la personne concernée a du mal à reconnaître’ (p. 22). In the absence of a verbal language adequate to convey the anguish of anorexia, she renders it visually, as suffering made if not flesh (for the anorexic has, or strives to have, no flesh) then body: the anorexic body becomes iconic of the wounded body.

One highly salutary feature of these two texts is their narration of pathways to recovery, and thus, by extrapolation, their provision of advice for the treatment of eating disorders as well as (in Durand’s case, which was more complex) other forms of self-harm. For Loupias, the pathway consisted quite simply in following the instructions of a dietician (whom her long-term psychotherapist had urged her to

consult) finally to renounce dieting and to feed her body normally, which puts an end to her bingeing, and even results in weight-loss. The secret to this apparently miraculous success is, crucially, the dietician's authorization of pleasure rather than guilt in eating: 'depuis maintenant trois mois, je n'ai plus eu une seule crise de boulimie. Depuis que la diététiste m'a demandé de manger avec plaisir...' (p. 113). By close of narrative play, Loupias appears to have achieved happiness on all levels: a healthy relationship with her body, a job she adores, and a man she loves. While some readers may doubt the veracity of this idyllic "happy ending", it seems undeniable that Loupias's text will offer succour to many of those wounded by the same mental and physical torture to which it testifies.

In counterpoint to the quasi fairy-tale "happy ending" of Loupias's narrative, by the end of Durand's the author is by no means fully cured according to medical health categories. In 'J'espère qu'il [ce livre] pourra aider ceux qui, comme moi, vivent un peu à la limite des autres, un peu en marge car classés difficiles ou instables et sont méprisés' (p. 11), Durand's use of the present tense 'vivent' implies that she still considers herself to occupy a marginal position vis-à-vis such categories. Towards the end of Durand's testimony, we learn that she still needs regular medication and medical check-ups (p. 166). However, there has been a dramatic improvement which any health-care professional would find encouraging: 'J'ai retrouvé un poids qui me convient. Je me sens moins laide et j'ai moins envie de raser les murs' (p. 157). Even if she still often feels anxious and ill, the difference is that after innumerable suicide attempts, she now actually wants to live (p. 158).

But let us loop back on Durand's narrative arc, for it documents far more than her experience of severe anorexia. Having charted her eventual recovery from anorexia (to which I will return presently) in fairly lapidary mode, it moves on rapidly

to register the negative by-product of that recovery. For now that her body has recovered fleshy forms, it has once again become desirable to her brother, who resumes his sexual abuse of it. The result is that she feels herself to be impure (p. 42). Shortly after this baleful turn of events, she falls prey to anxiety attacks (p. 43). And, in a relentless causal chain, shortly after the onset of the anxiety attacks, she begins to self-mutilate (p. 43).

Different forms of suffering proliferate in Durand's chilling testimony. The self-harm has not replaced the eating problems; far from it. Her eating continues to be disordered, but this time veers from anorexia into overeating, and results in dramatic weight-gain: twenty kilos in only one year (p. 102). For an (ex-)anorexic, acquiring so much new flesh so quickly is in itself a form of intense anguish because it represents the polar opposite of her pathological conception of perfection, and thereby a form of self-alienation. Indeed, Durand classes this period as one of the worst in her life (p. 103). Similarly, her self-harm mutates into a new, arguably even more perilous form, as she moves from cutting herself to burning herself (pp. 140-41). Noteworthy on pp. 140-41 are two elements: first, the image of pain literally inscribed on the body, as tattoos of suffering, and second, her attachment to the physical vestiges of her wounds that these scars constitute. But what is most salient in this evocation of self-harm is the paradox (cf. p. 60) that in inflicting physical pain on herself, she seeks to reduce psychological pain, because the physical pain replaces temporarily the psychic pain (once again recalling Vénisse's hypothesis of self-destructive behaviour as procuring reward).

At a new clinic, Durand is given massive doses of antidepressants that zombify her (as we also find in Loupias's narrative), but no psychotherapy (as is common in many of the texts by the authors in my list above). Picking up on her earlier assertion

of the need verbally to capture suffering, she retrospectively affirms the need to be listened to and to impose some form of linguistic recognition of, if not control over, mental pain:

Je me retrouve seule, dans un lieu inconnu, souffrant atrocement et sans aucune écoute. Je crois que dans ce genre de cas, la parole est essentielle. Je suppose que les médicaments aident. En tout cas, ils annihilent un peu la souffrance mais pouvoir mettre des mots sur ses sensations de mal-être, c'est vraiment important. (p. 81)

This recalls my earlier remark about the relative paucity of psychotherapeutic interventions in the French hospital system's treatment of eating disorders. The imperative of being listened to is matched by the often un-met need for medical staff to support sufferers in finding their own words, the absence of which can be highly dangerous – for 'J'en ai marre de souffrir, de ne pas pouvoir mettre un nom, une raison, une explication sur ce que je ressens' (p. 134) is what she writes in a suicide-note just before one of her numerous overdose. Failure to be listened to reactivates the pattern of rage and hatred that ultimately targets only herself rather than other human beings (although this time there is collateral damage inflicted on inert matter):

Un soir où j'étais encore plus mal que d'habitude et sur une réflexion d'un médecin, je me suis lâchée. Je suis partie comme une bombe au rez-de-chaussée et j'ai cassé avec mon poing droit plus d'une dizaine de vitres d'une verrière donnant sur le jardin. [...] J'ai eu dix points de suture et j'ai gardé un morceau de verre plus d'un mois sous la peau sans m'en rendre compte. [...] Je l'explique toujours par cette haine qui veut sortir et que je retourne contre moi. Ma peau conserve dix légères cicatrices, qui resteront à vie, de ces deux épisodes. (pp. 81-82)

In fact, as well as the neurobiological sensations of relief and compensation posited by Vénisse, two other (very relative) benefits seem to flow from self-harm in Durand's account. For her, self-harm is both a non-verbal means of expressing and exteriorizing suffering and anxiety, and also a means of destruction: 'Pourquoi se faire du mal de cette manière? [...] C'est un mélange de souffrance et d'angoisse. Il faut que cela sorte, que cela s'exprime et que cela détruise. Détruire, c'est important' (p. 43). In fact, destruction is posited as key; and since she has been socialized not to destroy others, she becomes her own victim: 'C'est même la clé. Que détruire si ce n'est soi-même?' (p. 44). Further nuancing of her exposition suggests that this need for destruction stems from an anger which, again, she has been socialized not to turn on others: 'C'est une haine rentrée qui sort mais qu'il est impossible de tourner vers autre chose que soi-même' (p. 244). Gendered acculturation is central here, for it is widely recognized that men are more socially legitimized in externalizing violence than are women, who tend as a consequence to internalize it more. This fact is underscored by one of the empirical studies mentioned earlier, on deliberate self-harm in adolescents: 'Drug misuse increased markedly in the boys, *as did a history of violence to others*. Being a victim of violence increased in girls. [...] Violence to others [...] was far more frequent in males (26.6%) than females (6.6% [...])'.²⁶ Indeed, only on one occasion does she direct her rage outwards, hitting out at her father and brother when they are physically restraining her from leaving the family home after another overdose (p. 106). What is striking is her need to externalize the hatred which is destroying her from the inside, coupled with insistence that this hatred did not equate to madness (p. 108). Indeed, given at least her brother's profoundly

²⁶ Hawton et al, 'Deliberate self-harm in adolescents: a study of characteristics and trends in Oxford, 1990-2000', 1191.

destructive behaviour towards her, the reader might well view that hatred as entirely logical.

Early on in this article I identified the chief formal means by which Loupias and Durand, non-professional writers who have only authored one text each and belong to no French literary canon, nonetheless convey their insights so powerfully: metaphor, metonymy, narrative, personification, and simile. In addition, I would like briefly to identify a number of topoi. One prominent topos in both texts is that of the animal, although it assumes different forms in the two. As we have seen, Loupias deploys it as a means of narrative self-abasement, whereas in Durand's text, the animal is invested with a privileged, salutary function. Despite her insistence on the importance of verbal language and on being listened to, Durand's ultimate salvation comes from creatures who have no verbal language: horses and dogs. From this perspective, Durand's text would be of interest to animal studies, a burgeoning area in contemporary theory and a growing sub-field in French literary studies. While the full mechanism of her recovery from anorexia remains nebulous, it is attributed at least partly to her inability to ride them when weakened by this illness:

Je sais juste que, trop faible, je ne pouvais plus monter à cheval pendant les vacances. L'équitation est pour moi un élément vital. Ce serait trop long d'en expliquer les raisons mais cet art a une place majeure dans ma vie. J'ai accepté sciemment de reprendre du poids pour pouvoir reprendre l'équitation. (p. 42)

Later on, after the mind-body torture of bingeing, self-harm and multiple suicide attempts, she ascribes a considerable importance to the role of her dog in her, if not full recovery, at least dramatic progress. This is because her dog both socializes her and instils in her a sense of responsibility for a life other than her own (pp. 166-67), suggesting an important potential for the increased use of animal-assisted therapy in

the treatment of mental health problems (such therapy already exists in France, but on a limited level).

As well as this figural similarity of the animal image in both texts, three other formal features stand out: the foregrounding of destruction, the lexicon of hell, and the personification of bulimia and suffering more generally as an evil woman. Destruction is not all it seems in Loupias's text, which is to say that it is not mediated as entirely negative. In Manichean mode, Loupias metaphorically cleaves her former self into two halves. One is the supposedly adorable anorexic self: adorable because it conforms to gendered prescriptions in its rigorous self-surveillance and self-denial. The other is the detestable bulimic self: detested because it usurps the anorexic's socially-sanctioned control (self-control being a thetic social value for women) and is unfemininely appetitive. Interestingly, however, it is the bulimic half that is agentic and powerful, albeit destructively so: 'Et d'adorable que je suis en période d'anorexie, je deviens détestable en période de boulimie. Haïr et détruire: je ne sais faire que ça' (p. 47). In Durand's text, destruction, in her case of food, is equally instrumental, allowing her a fantasmatic revenge on all those who, intentionally or unintentionally, have caused her mental pain (p. 16).

Both texts also metaphorize hell frequently; examples include but are not limited to the following cases. Loupias characterizes her bulimia and associated problems as a 'voyage en enfer' (p. 12); the return of bulimia after a short respite is figured as hell beginning again: 'Une fois de plus, l'enfer recommence' (p. 52); a veritable crisis of bulimia becomes her 'descente aux enfers' (p. 79). Durand, for her part, uses a formulation identical to the last example from Loupias in order to mark the onset of her anorexia: 'ce fut le début d'une longue descente aux enfers' (p. 15). The same infernal lexicon appears on the following page when Durand recalls

immersing herself in school work as a distraction from hunger: ‘Pour oublier la faim, je travaillais. À la place du goûter, je me faisais un petit exo de math en plus! C’est comme ça que je suis entrée dans la spirale infernale de l’anorexie’ (p. 16). The literary critic might well dismiss this as stylistic hyperbole, but the pervasiveness of that infernal lexicon is an index to the very real and very extreme sense of torture experienced by the anorexic, the bulimic, and the self-harmer (who, as these two texts demonstrate, are not infrequently one and the same individual).

Finally, both texts personify bulimia and suffering more generally as an evil woman (political correctness does not appear to have been a concern). Loupias depicts bulimia as a calculating, punitive, but necessary form of “mistress”, with, on p. 16, allusions to sex in ‘orgie’, to bulimia having patiently waited for her, and to bulimia as having replaced the love that was lacking in a sterile marriage with anorexia. Durand too personifies her suffering as an evil but seductive woman; further, she overtly sexualizes her as a sadistic dominatrix (p. 96). This personification had been preceded by the rhetorical device of metonymy, whereby the psychiatric hospital Sainte-Anne in which Durand was interned on the one hand and suffering on the other hand fold into each other: ‘Sainte-Anne est l’antre de la souffrance, son coeur même’ (p. 96).

It is no accident that these personifications take the form of an evil *woman* specifically. As the various clinical and empirical studies cited above amply attest, anorexia, bulimia, and self-harm seem to be, as well as personal wounds, markedly *gendered* social structures which are present throughout the world. Their incidence is certainly higher in western countries, but is growing in the rest of the world also. Personal accounts such as Durand’s and Loupias’s serve an important social function in raising general public awareness of the pernicious and potentially fatal

consequences of these conditions. Testimonies like theirs can have pedagogical impacts of real benefit to the well-being of societies and their health-care systems as a whole, by apprizing us of the less well-known features of eating disorders in particular, but also of self-harm. Further, the texts allow, by inference, identification of potential treatments that led to eventual recovery, whether partial (as with Durand) or complete (as with Loupias): in Durand's case, contact with animals, which can formally be incorporated in treatment programmes by the use of animal-assisted therapy, and in Loupias's, authorization of pleasure in eating.

The key arguments of this article were announced early on in this article. However, there is one last line of argument, more speculative and tentative, that seems to emerge from my presentation of the primary texts. Put briefly, this is that both Loupias and Durand were, as young females, subject to an oppressive regime of the scopic. In Durand, this took the extreme of scopic violation, accompanied by physical (genital) violation, but also, later on, the scopic scrutiny of both the psychiatric regime (see my reference above to Foucault's panopticon) and of a general public at once ignorant about and given pruriently to gawp at those with visible mental-health problems (recall her reference to people who are considered to be mad being stared at like fair animals). In Loupias, immense and destabilizing distress was provoked by her body's exposure to the scopic scrutiny of others, and by the internalization of that scrutiny, which became her inner eye and prompted her in ways also noted by Foucault to police and oppress her own corporeal self (with the consequences of eventual bodily delinquency in the form of violent binges).

The regime of the scopic was, of course, not the only force of oppression to which Loupias and Durand were subjected. While not great literature, their texts are dense with visceral testimony to and education about what can happen when a young

female subject is consumed by others, not just visually but also haptically (in sexual abuse), emotionally (in overly-fusional familial relationships, and in denial of a young girl's right to physical personal space). In reaction, she herself may well reject consumption, try literally to shrink herself (via morbid weight loss), to deface²⁷ (via self-harm), or in the final, suicidal gesture, to annihilate the bodily surfaces that can be expropriated and colonized by others in social, media and sexual economies where the female body – however young and vulnerable – is still routinely objectified as a cheap commodity.

²⁷ Or to de-face: in Levinasian terms, to destroy the face, that most fundamental signifier of human ontology, dignity, and Otherness that should be respected in its integrity but also in its ultimate unknowability. Neither had been respected in Durand's and Loupias's cases, and their self-destructive illnesses have a poignantly mimetic quality.